BEST AVAILABLE COPY Assistation of Doctor Number													
- TOPY									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2001 (0033523													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	NTITY	OR	OTHER SMALL		
TO	TAL CLAIMS				TOO STATE OF			RATE	FEE	on I I	RATE	FEE	
			NUMBER FILED		NUMBER EXTRA		•	BASIC FE	+		BASIC FEE	740.00	
FOR									370.00	ОН		7 10.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20=		• 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		٠ ن			X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PF	ESENT					+140=		OR	+280=		
• #	the difference	ess than ze	s than zero, enter "0" in co				TOTAL		OR	TOTAL	740		
CLAIMS AS AMENDED - PART II										•	OTHER		
		(Column 1)	(Colu					SMALI	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	KEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. /3	Minus	**		•		X\$ 9=		OR	X\$18=		
ME	Independent	• 3	Minus	686 7		•		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				TCLAIM]	+140=		OR	+280=		
								TOT/	<u> </u>	₹```	TOTAL		
								ADDIT. FE		OR	ADDIT, FEE	<u> </u>	
_		(Column 1) CLAIMS			imn 2) Hest	(Column 3)	1		ADDI-	•		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	ABER IOUSLY DFOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	-13	Minus	**				X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	***	= 01 4114	•]	X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
•								TOT/		OR	TOTAL		
06-30-5 (Column 1) (Column 2) (Column 3)													
		CLAIMS REMAINING		HIG	HEST MBER	PRESENT	7		ADDI-	1	<u> </u>	ADDI-	
Ę		AFTER AMENDMENT		PREV	D FOR	EXTRA		RATE	TIONAL	l	RATE	TIONAL	
AMENDMENT C	Total	. 13	Minus		30	-0	1	X\$ 9=		OR	X\$18=		
	independent	. 3	Minus	***	3	1.0]	X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	1	+	1		 	
+140= • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR			
* If the entry in column 1 is less than the entry in column 2, write "of in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
l "	ro prignest No The "Highest No	umber Proviously F mber Proviously Pa	raig For IN Th uid For (Total (iis spaci or Indeper	e is mass on adent) is th	e highest rumi	ber f	ound in the	appropriate b	ox in c	olumn 1.		